



For Use by Municipality	
APO Number	Tax Roll Number
Required Departmental Approvals Prior to Permit Issuance	
<input type="checkbox"/> Engineering (Lot Grading)	received by: _____ date: ___ / ___ / ___
<input type="checkbox"/> Regional Health Unit	received by: _____ date: ___ / ___ / ___
<input type="checkbox"/> Niagara Escarpment Commission	received by: _____ date: ___ / ___ / ___
<input type="checkbox"/> Ministry of Transportation	received by: _____ date: ___ / ___ / ___

Date Received

A) Project Information			
Address of Project			
Building Number	Street Name	Unit Number	Lot/con.

B) Zoning Information			
Current Use		Corner Lot	Municipal Services
<input type="checkbox"/> Vacant Lot <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Sewer <input type="checkbox"/> Water
Lot Dimensions			
Lot Frontage	Lot Depth	Lot Area	Lot Coverage (principal)
_____ (m)	_____ (m)	_____ (m ²)	_____ %
Has a Variance from the Zoning By-Law been issued for this property? (if yes, provide ref. no.) <input type="checkbox"/> No <input type="checkbox"/> Yes _____			

C) Building Project Details (for use with Residential property only)			
Building Use			
<input type="checkbox"/> Single Detached Dwelling <input type="checkbox"/> Semi-Detached Dwelling <input type="checkbox"/> Row / Town House <input type="checkbox"/> Accessory Structure (eg. Garage)			
Building Dimensions			
Building Length	Building Width	Building Height	Storeys Above Grade
_____ (m)	_____ (m)	_____ (m)	_____ storeys
Gross Floor Area			
First Floor	existing: _____	+ new: _____	= total: _____
Second Floor	existing: _____	+ new: _____	= total: _____
Third Floor	existing: _____	+ new: _____	= total: _____
Total	existing: _____	+ new: _____	= total: _____
Building Area (the largest horizontal footprint)			
	existing: _____	+ new: _____	= total: _____

D) Deck / Pool Project Details (for use with Residential Pool and Deck applications)			
Building Use			
<input type="checkbox"/> Deck <input type="checkbox"/> Above Ground Pool <input type="checkbox"/> In Ground Pool <input type="checkbox"/> Inflatable Pool			
Deck Dimensions		Pool Dimensions	
Deck Length	Note: All decks greater than 600 mm (23 ⁵ / ₈ "") above grade require a building permit and must be equipped with guards which comply with the Ontario Building Code SG-7. All decks must also comply with the Zoning By-law.	Pool Length	Note: All pools must be protected by barriers or fences which must be constructed in compliance with the municipal Pool Fence By-Law.
Deck Width		Pool Width	
Deck Height		Pool Height / Depth	
_____ (m)		_____ (m)	
_____ (m)		_____ (m)	
_____ (m)		_____ (m)	

E) Building Project Details (for use with all buildings except those in section C)			
Building Use <input type="checkbox"/> Assembly <input type="checkbox"/> Care / Detention <input type="checkbox"/> Residential <input type="checkbox"/> Business / Personal Service <input type="checkbox"/> Mercantile <input type="checkbox"/> Industrial A division ___ B division ___ F division ___			
Building Dimensions Building Length _____ (m) Building Width _____ (m) Building Height _____ (m) Storeys Above Grade _____ storeys			
Gross Floor Area (the sum of all floors) existing: _____ + new: _____ = total: _____			
Building Area (the greatest horizontal area of a building as defined [Ontario Building Code (OBC), Article 1.1.3.2]) existing: _____ + new: _____ = total: _____			
Building Classification Classification _____			OBC Reference 3.2.2. _____
Type of Proposed Construction <input type="checkbox"/> Non Combustible <input type="checkbox"/> Combustible <input type="checkbox"/> Both		No. of Streets / Access Routes _____	High Building Designation [3.2.6] <input type="checkbox"/> Yes <input type="checkbox"/> No
Fire Safety Water Supply is Adequate for Fire Fighting Purposes <input type="checkbox"/> Yes, City Service <input type="checkbox"/> Yes, Other: _____ <input type="checkbox"/> No		Fire Alarm System is Required <input type="checkbox"/> Yes <input type="checkbox"/> No	Standpipe System is Required <input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler System <input type="checkbox"/> Not Required <input type="checkbox"/> Entire Building <input type="checkbox"/> In Lieu of Roof Rating <input type="checkbox"/> Other: _____			
Required Fire Resistance Rating Horizontal Assemblies Supporting Members Floors _____ Hours Roof _____ Hours Floors _____ Hours Roof _____ Hours			
Occupant Load Occupant Load is _____ persons based on <input type="checkbox"/> m ² / person <input type="checkbox"/> Other: _____			
Barrier Free Design Barrier Free Design is used <input type="checkbox"/> Yes <input type="checkbox"/> No, explain _____			

For Use by Municipality	
I, the Chief Building Official for the City of Thorold authorize the issuance of a permit for the requested purpose of this application.	
_____ (date)	_____ (signature)
Personal information contained in this form is collected under the authority of subsection 8(1.1) of the Building Code Act, 1992, and will be used in the administration and enforcement of the Building Code Act, 1992. Questions about the collection of personal information may be addressed to the Chief Building Official of the City of Thorold.	